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| 10:<br>USPTO  | FROM: Daniel Marks                                       |  |
| COMPANY:  | DATE:<br>10/12/2006                                      |  |
| FAX NUMBER: (571) 773 - (300)   | TOTAL NO. OP PAGES INCLUDING COVER:                      |  |
| PHONE NUMBER:   | SENDER'S REFERENCE NUMBER:                               |  |
| .10/663,979 – Revocation of I<br>Attorney                                   | YOUR REFERENCE NUMBER: Power of                          |  |
| URGENT FOR REVIEW   | ☐ PLEASE COMMENT ☐ PLEASE RECYCLE                        |  |
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### OCT 1 3 2006

PTO/SS/81 (04-05)
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|--|---|---|
|  | Application Number                        | 10/663,979  |
| POWER OF ATTORNEY  | Filing Date                               | 09/17/2003  |
| and  | First Named Inventor                      | Daniel M. Marks   |
| CORRESPONDENCE ADDRESS                                       | Title                                     | Method of Playing A Slot Machine                        |
| INDICATION FORM  | Art Unit                                  | 3714  |
| HADICATION FORM  | Examiner Name                             | Meagan J. Thomasson                                     |
|  | A44 B t - 4 A1 t                          | 440000 400000   |

| Téléphone   201 825 1711   |                            |  |                                    |                 | DOURCE ITALIANDO.            | 710233.13303     | · ·                            |
|--|----------------------------|--|------------------------------------|-----------------|------------------------------|------------------|--------------------------------|
| Interest   Practitioner(s) named below:    Practitioner(s) named below:    Name  | I hereby revoke            | all previ                                    | ious powers of attorney g          | iven in the     | above-identified ap          | plication.       |                                |
| Practitioner(s) named below:    Name   | I hereby appoint:          | :  |                                    |                 |                              |                  | •                              |
| Practitioner(s) named below:    Name   |                            |  | 5 with the Customer Number:        |                 | 000061302                    |                  |                                |
| Name Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therawith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is snelosed. (Form PTC/SB/86)  Signature  Oseph Mesci  Telephone 201 825 1711  Telephone 201 825 1711  Telephone 201 825 1711  Telephone 201 825 1711  Otte: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one agreed are required. Submit multiple forms if more than one agreed are required. Submit multiple forms if more than one agreed are required.  | OR                         |  | !                                  |                 | <del></del>                  |                  |                                |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  O00061302  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Tolephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Tetophone  I Date  October 12, 2006  Tetophone  201 825 1711  Tetophone  201 825 1771  Tetophone 201 825 1771  OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one syndire is required, see below.  | Practitioner(s)            | named b                                      | elow:                              |                 |                              |                  |                                |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  O00061302  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Tolephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Tetophone  I Date  October 12, 2006  Tetophone  201 825 1711  Tetophone  201 825 1771  Tetophone 201 825 1771  OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one syndire is required, see below.  |                            |  | Nemo                               |                 | Posi                         |                  |                                |
| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Title and Company  Art Manager, PTT LLC (d/b/a High 5 Games)  OTTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, son below.   |                            | _  | INGILIO                            | L               | Le2ii                        | AUTHAN CONEUS    | er                             |
| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Title and Company  Art Manager, PTT LLC (d/b/a High 5 Games)  OTTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, son below.   |                            |  |                                    |                 | <del></del>                  |                  |                                |
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| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Title and Company  Art Manager, PTT LLC (d/b/a High 5 Games)  OTTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, son below.   | <i>i</i> }                 |  |                                    |                 |                              |                  |                                |
| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Title and Company  Art Manager, PTT LLC (d/b/a High 5 Games)  OTTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, son below.   | ar mulmer atternav(e)      |  | 4 1 4                              |                 | <del></del>                  |                  |                                |
| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/B6)  SIGNATURE of Applicant or Assignee of Record  Signature  Joseph Masci  Telephone  Date  October 12, 2008  Telephone  201 825 1711  Title and Company  Art Manager, PTT LLC (d/b/a High 5 Games)  OTTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, son below.   | Trademark Office cor       | or agenu<br>nected th                        | (5) to prosecute the application ( | identified abov | re, and to transact all bi   | usiness in the   | United States Patent and       |
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| The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enciosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Signature  Joseph Masci  Telephone  Joseph Masci  Telephone 201 825 1711  Telephone 201 825 1711  Telephone 201 825 1711  Telephone 201 825 1711   | Please recognize or o      | hange th                                     | e correspondence address for t     | he above-iden   | itified application to:      |                  |                                |
| The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Joseph Masci  Telephone  Date  October 12, 2006  Name  Joseph Masci  Telephone 201 825 1711  Telephone 201 825 1711  Telephone 201 825 1711   | 11 1                       |  | •                                  |                 |                              |                  |                                |
| Firm or Individual Name  Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Joseph Masci  Value and Company Art Manager, PTT LLC (d/b/a High 5 Games)  OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soo below.   | OR                         | , 4000 mg                                    | AND MINI THE STUDY COME THE DR.    | Ustomer reunii  | per:                         | <del></del> 1    |                                |
| Firm or Individual Name  Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Joseph Masci  Value and Company Art Manager, PTT LLC (d/b/a High 5 Games)  OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soo below.   | [ <del>-</del> ]           |  |                                    | İ               |                              |                  |                                |
| Firm or Individual Name  Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date October 12, 2006  Name Joseph Masci  Telephone 201 825 1711  Title and Company Art Manager, PTT LLC (d/b/a High 5 Games)  WOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soo below.  |                            | THE EDUCESS ASSOCIATED WITH CUSTOMET NUMBER. |                                    |                 |                              |                  |                                |
| Individual Name  Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Joseph Masci  Telephone 201 825 1711  WOTE Signstures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature, so below.   | <u>OR</u>                  |  |                                    | <del></del>     |                              |                  |                                |
| City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Joseph Masci  Telephone 201 825 1711  Note: Signstures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soo below.   |                            | Mama   | ]                                  | <del></del> .   |                              |                  |                                |
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| Telephone    I am the:   Applicant/Inventor.   |                            |  |                                    |                 | State                        |                  | Zip                            |
| Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Date October 12, 2006  Varne  Joseph Masci  Telephone 201 825 1711  Title and Company  Art Manager, PTT LLC (d/b/a High 5 Games)  SOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one ignature is required, soo below.  |                            |  |                                    |                 |                              |                  |                                |
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| Signature  Signature  Signature  Date  October 12, 2006  Varne  Joseph Masci  Telephone  Zot Manager, PTT LLC (d/b/a High 5 Games)  Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one ignature is required, soo below.   | Applicant/Inv              | entor.                                       |                                    |                 |                              |                  |                                |
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| Name  Voseph Masci  Telephone  201 825 1711  Total Phone  Total Phone  Telephone  Total Phone  Telephone  Total Phone  Tot |                            | <del>- &gt; _</del>                          | SIGNATURE of A                     |                 | ssignee of Record            |                  |                                |
| Name  Joseph Masci  Telephone  201 825 1711  Art Manager, PTT LLC (d/b/a High 5 Games)  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soo below.  |                            | /a   | eart Mi                            |                 |                              | Date             | October 12, 2006               |
| Art Manager, PTT LLC (d/b/a High 5 Games)  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one ignature is required, soo below.  | Name                       | Joseph N                                     | /lasci                             |                 |                              | <del></del>      |                                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one ignature is required, soo below.   | Title and Company          | Art Mana                                     | iger, PTT LLC (d/b/a High 5 Gar    | mes)            |                              |                  |                                |
|  | NOTE: Signatures of all th | no inventor                                  |                                    |                 | r representative(s) are requ | uired. Submit mu | utliple forms if more than one |
|  |                            |  | forms are submitted.               |                 |                              |                  |                                |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submixing the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form anti/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

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T-280 P003/005 F-613

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|--|---|
| Application Number                     | 10/663,979  |
| Filing Date                            | 09/17/2003  |
| First Named Inventor                   | Daniel M. Marks                                       |
| Title                                  | Method of Playing A Slot Machine                      |
| Art Unit                               | 3714  |
| Examiner Namo                          | Meagan J. Thomasson                                   |
| Attorney Docket Number                 | 110293.133US1   |

|  |  | 10255.15500                           | <u> </u>                              |  |
|--|--|---------------------------------------|---------------------------------------|--|
| I hereby revoke all previous powers of attorney g  | given in the above-identified ap         | plication.                            |                                       |  |
| I hereby appoint:  INDIVIOUAL  Practitioners associated with the Customer Number: 000061302                                    |  |                                       |                                       |  |
| OR .   |  |                                       | •                                     |  |
| Practitioner(s) named below:   |  |                                       |                                       |  |
| Name   | Regi                                     | stration Numbe                        | er                                    |  |
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|  |  |                                       |                                       |  |
| as my/our attorney(s) or agent(s) to prosecute the application<br>Trademark Office connected therewith.                        | identified above, and to transact all bi | usiness in the                        | United States Patent and              |  |
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| City   | State                                    |                                       | Zip                                   |  |
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| l am the:  | Email                                    |                                       |                                       |  |
| Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3 73(b) is enclosed. (Form ) | ₹3.71.<br>PTO/SB/96)                     |                                       |                                       |  |
|  | Applicant or Assignee of Record          |                                       |                                       |  |
| Signature A 27   |  | Date                                  | October 12, 2006                      |  |
| Name Anthony Singer  |  | Telephone                             |                                       |  |
| Title and Company Managing Member, PTT LLC (d/b/a Hig  | th 5 Games)                              | 1 1000                                | 201020 1711                           |  |
| NOTE: Signatures of all the inventors or assignees of record of the enti-<br>signature is required, see below.                 |  | uired. Submit m,                      | utuple forms if more than one         |  |
| *Total of 4 forms are submitted.   | _  | · · · · · · · · · · · · · · · · · · · |                                       |  |

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|------------------------|---|
| Application Number     | 10/663,979  |
| Filing Date            | 09/17/2003  |
| First Named Inventor   | Daniel M. Marks   |
| Title                  | Method of Playing A Slot Machine                        |
| Art Unit               | 3714  |
| Examinor Name          | Meagan J. Thomasson                                     |
| Attorney Docket Number | 110293.133US1   |

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| OR  | <u> </u>  |   |  |  |
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| I am the:  Applicant/inventor.  |   |   |  |  |
| Assignes of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose         | e 37 CFR 3.71.<br>ed. (Form PTO/SB/96)              | ·   |  |  |
|   | TURE of Applicant or Assignee of Reco               | ord   |  |  |
| Signature Your Mbr  |   | Date October 12, 2006                               |  |  |
| Name Howard Marks   |   | Telephone 201 825 1711                              |  |  |
| Title and Company Managing Member, PTT LLC  |   |   |  |  |
| NOTE: Signatures of all the inventors or assigness of record signature is required, see below*. | of the entire interest or their representative(s) a | re required. Submit multiple forms if more than one |  |  |
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# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number     | 10/663,979                       |
|------------------------|----------------------------------|
| Filing Date            | 09/17/2003                       |
| First Named Inventor   | Daniel M. Marks                  |
| Title                  | Method of Playing A Slot Machine |
| Art Unit               | 3714                             |
| Examiner Name          | Meagan J. Thomasson              |
| Attorney Docket Number | 110293.133US1                    |

|  | Attorney Decket Haniber 170200:180001  |  |  |  |  |
|--|--|--|--|--|--|
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| Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |  |  |  |  |  |
|  | of Applicant or Assignee of Record   |  |  |  |  |
| Signature  | Date October 12, 2006  |  |  |  |  |
| Name Daniel Marks  | Telephone 201 825 1711   |  |  |  |  |
| Title and Company General Counset, PTT LLC (d/b/a High 5 Games)  |  |  |  |  |  |
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